THE CITY OF OAKLAND PLUMBING PERMIT APPLICATION

PERMIT FEE: SINSPECTION FEE: S	•	DATE:_	
INSPECTION FEE:)30.00 EACH		
Name of Property Own	ıer:		
Property Owner Addre	ss:		
Project Address:			
Property Owner Contac		day	evening
Contractor's Name:			
Contractor's Street Add	dress/Phone:		
Start Date:		Finish Date:	
Description of Project: Type of Work:			
Certificate/License#:		Estimated Cost:	
Number of Inspections Rough	: Final	Additional	
Applicant Signature:			
INSTRUCTIONS: When application is co. P. O. Box 220511, St.	ompleted, please re <i>Louis, MO 63122</i> y Administrator/Ci	2. Should you have any q	able to the <i>City of Oakland</i> , uestions about your project, To schedule an inspection,
FOR OFFICE USE Of Application Approved:		Denied:	
Data			